



**Discharging patients
(not OPAT)
with an indwelling PICC / Midline
for care to a local hospital**

Full Name:
 Address:

 HCR:
 Addressograph

Today's Date		
Patient Name		HcRN:
Name of Hospital		
Hospital Address		

MEDICAL STAFF FROM THE REFERRING TEAM

	Yes	No
Contact medical team of the local hospital and inform of patient needs and request shared care		
Referral form with all details completed for local hospital		
If blood samples required provide details/forms and request results phoned to the team named		
Discharge letter and follow up details for GP		

CLINICAL NURSE SPECIALIST / WARD CNM FOR REFERRING TEAM

	Yes	No
Contact nurse in charge of the unit and request care required		
Enquire details of date and time recommended by local hospital for attendance		
Discussed and provided the parent PICC discharge from hospital document		
Public health nurse if appropriate contacted and liaison form completed		
Return date/time to CHI at crumlin		

PLEASE PROVIDE PARENTS WITH THESE PHONE NUMBERS

	Yes	No
CHI@CRUMLIN main switch		
Consultant / Team out of Hours Bleep		
Medical Team /CNS Name and Bleep no. for Queries		

ADDITIONAL INFORMATION

Registered Nurse Name (Print Name):.....**Grade:**.....**NMBI:**.....